

**City of Roanoke  
Public Works Service Center  
Standard Operating Procedure**

**Subject: Handling Sharps and Blood Borne Pathogens in Public Safety Vehicles**

**Revised: 8/27/18**

**Purpose:** To help ensure a safe work zone and to provide proper procedures to prevent exposure to items contaminated with human blood or bodily fluids or sharp items.

**Responsible Party/ies:** All Fleet and Radio Shop Personnel Who Service Public Safety Vehicles

**Performance Frequency:** Whenever exposure potential is known or suspected.

**Documentation:** Completion of the Blood Borne Pathogen Notification Form (attached). Copy will be placed in personnel file and a copy will be retained by the Safety Coordinator, Risk Management.

**Training:**

1. Only personnel who have had Blood Borne Pathogen and accident prevention training.
2. Training shall be done at time of orientation and reviewed on annual basis, and also at the supervisor's discretion following any accidents or near miss incidents.
3. Risk management training on Blood Borne Pathogens and accident prevention will occur on site during the year. All applicable employees must attend.
4. ***Trainees must complete the signature section below and a copy of the signed SOP shall be retained on file in the Division's records and made available upon request.***

**Procedure:**

1. Upon discovery of a sharp or other medical waste object, immediately halt work and notify Supervisor and coworkers.
2. Apply personal protective equipment (PPE) (e.g., goggles, mask, nitrile gloves).
3. If the subject materials can be safely retrieved, discard any sharps immediately into a rigid red Bio- Hazardous Waste container, and any medical waste into a red Bio- Hazardous Waste bag.
4. Once sharps containers are  $\frac{3}{4}$  full, and after every use of a bio-hazard bag, contact the fire department to arrange for the proper disposal of these medical wastes.
5. If injured with penetration of the skin while performing these tasks, notify Supervisor and co-workers and halt all work so that you can attend to the wound. Treat and cover cuts or wounds so as to not contaminate work areas.

6. If contamination is found or created, contact the supervisor or a coworker immediately for proper clean up. Heavily contaminated areas may require the use of specialized service contractors.
7. Upon completion of these tasks, obtain a blank Blood Borne Pathogens Notification Form from either the Fleet or Radio Shop Supervisor. Fill out all sections of the form then date and sign it. Return completed forms to your Supervisor.

**Trainee Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Send completed form to Environmental Management at: [envmgmt@roanokeva.gov](mailto:envmgmt@roanokeva.gov).

## Blood Borne Pathogen Notification Form

\*Complete this form any time contact with Blood Borne Pathogens and/or Sharps has occurred. Submit all completed forms to your Division Supervisor or Manager.

Date of Incident: \_\_\_\_\_ Location: \_\_\_\_\_

If incident took place within a City vehicle, provide vehicle number: \_\_\_\_\_

Employee Name(s): \_\_\_\_\_

\_\_\_\_\_

What was found? \_\_\_\_\_

\_\_\_\_\_

Where was it found? \_\_\_\_\_

\_\_\_\_\_

What clean-up (or referral to Environmental Management) took place? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee Signature(s): \_\_\_\_\_

\_\_\_\_\_

Division Supervisor/Manager Name \_\_\_\_\_

Division Supervisor/Manager Signature \_\_\_\_\_

Date Form was Submitted to Risk Mgmt. \_\_\_\_\_

\*Division Supervisor or Manger: Retain a copy of this form in your personnel file for each affected employee, and send the original completed form to Safety Coordinator, Risk Management